



Orthopaedic Case Days 2017 · Registration Form

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!! Early registration date is August 15, 2017 !!

Mail: ARBEITSGRUPPE PFERD · Arno Lindner, Heinrich-Roettgen-Str. 20, D-52428 Juelich, Germany

Last name _____ First name _____

Institution/clinic: _____

Street & number: _____

Zip Code: _____ City: _____ Country: _____

Phone/Fax: _____ VAT ID for EU: _____

E-mail: _____

I want to register for: (net prices in Euro, please add 19% VAT in Germany for EU citizens without VAT ID and always for German citizens)

Please tick  the appropriate box(es)	No. of persons	Until 15.08.	After 15.08.	Amount (Euro)
All days ¹⁾	___ x	1,600 <input type="checkbox"/>	1,700 <input type="checkbox"/>	_____
September 23, 24 and 25 only ¹⁾	___ x	1,200 <input type="checkbox"/>	1,275 <input type="checkbox"/>	_____
September 23 and 24 only ¹⁾	___ x	850 <input type="checkbox"/>	900 <input type="checkbox"/>	_____
Surprise evening (September 24) ²⁾	___ x	85 <input type="checkbox"/>	95 <input type="checkbox"/>	_____

Total _____

1) Includes coffee breaks and lunches

2) Includes transport, surprise, dinner and drinks

Course price is reduced by 5 % for FFP members and two or more persons from the same practice/clinic!

PAYMENT BY:

► **Credit card:** Mastercard Visa Amex

Card number: _____

Card verification number: _____

Card expiration date (MM/YY): _____

Signature: _____

► **Bank transfer** without charges for the beneficiary to the bank "Sparkasse Dueren"

IBAN DE35 3955 0110 1200 0550 59
and BIC (swift code) SDUEDE33